COMBINED DECLARATION AND POWER OF ATTORNEY FOR A PATENT APPLICATION

INVENTORSHIP IDENTIFICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below, next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

METHOD AND APPARATUS FOR REDUCING PEAK TO AVERAGE POWER RATIO IN A MULTI-CARRIER MODULATION COMMUNICATION SYSTEM

SPECIFICATION IDENTIFICATION

the specification of which

XX is attached hereto.	
was filed on	as
United States Application	
or PCT International Application Number	
and was amended on	•
(if applicable)	

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claim(s), as amended by any amendment referred to above.

I acknowledge the duty to disclose all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56.

PRIORITY CLAIM (35 U.S.C. § 119(a)-(d))

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d), of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign App	olication(s)		Prio <u>Clai</u>	
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
	nefit under title 35, Un olication(s) listed below	ited States Code, Section 119(e) of any U	Inited
	(Application Number)	(Filing Date)	<u> </u>	
	(Application Number)	(Filing Date)		
prior application and (Application Numbe		ternational filing date of this a		
(Application Numbe	r) (Filing Date)	(Status - patented, pe	nding, aban	doned)
	POWER	OF ATTORNEY		
Jason K. Klindtworth attorney/agent: with	, Reg. No. 47,211; Robe full power of substitut	eg. No. 35,432; Robert A. Dieh ert T. Watt, Reg. No. 45,890; a ion and revocation, to prosecu d Trademark Office connected	s my patei ite this apj	nt plication
Send correspondence	e to:	Direct telephone calls to: (Name and telephone number))	
COLUMBIA IP LAW GROUP, LLC 4900 SW Meadows Road, Suite 109 Lake Oswego, Oregon 97035		Aloysius T.C. AuYeung 503-534-2800		

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of	Sole/Firs			
Inventor's Sig	gnature:	Date		
Residence:	Singapo	re Citizenship		
		(City, State)	(Country)	
Post Office A	ddress:	c/o Centre for Wireless Communication, 20 Sc	eience ParkRoad,	
		#02-34/37, Singapore 117674		
Full Name of	Joint/Se	cond Inventor: K. Abed-Meraim		
Inventor's Si	gnature:	Date		
Residence:	Paris	Citizenship		
		(City, State)	(Country)	
Post Office A	Post Office Address: c/o Ecole Nationale Superieure des Telecommunication (Telecom Paris), Dej			
		TSI (Signal and Image Processing), 46, rue Barrault, 75	364 Paris Cedex 13	
Full Name of	f Ioint/Th	nird Inventor:		
Inventor's Si	•	Date	e:	
Residence:	0	Citizenshi	p:	
Residentes.		(City, State)	(Country)	
Post Office A	Address:			
Full Name o	f Ioint/Fo	ourth Inventor:		
Inventor's S	•		e:	
Residence:	ignarare.	Citizenshi	p:	
Residence.		(City, State)	(Country)	
Post Office	Address:	(5)		
1000 011100 1				
Tull Names a	f Ioint/Ti	fth Inventor		
	-	fth Inventor: Dat	·e:	
Inventor's S	ignature:	Citizenshi		
Residence:		(City, State)	(Country)	
Post Office	A ddnoss:	(City, state)	(3-2	
rost Office.	Address.			